

FIG. 1

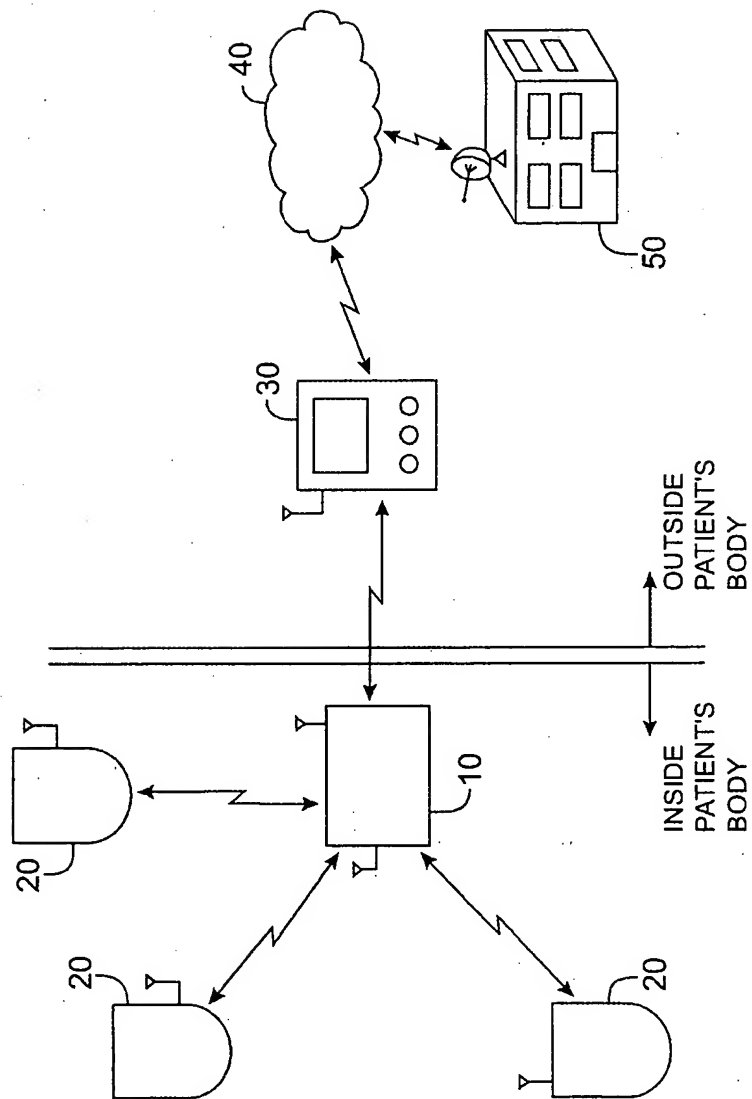


FIG. 2

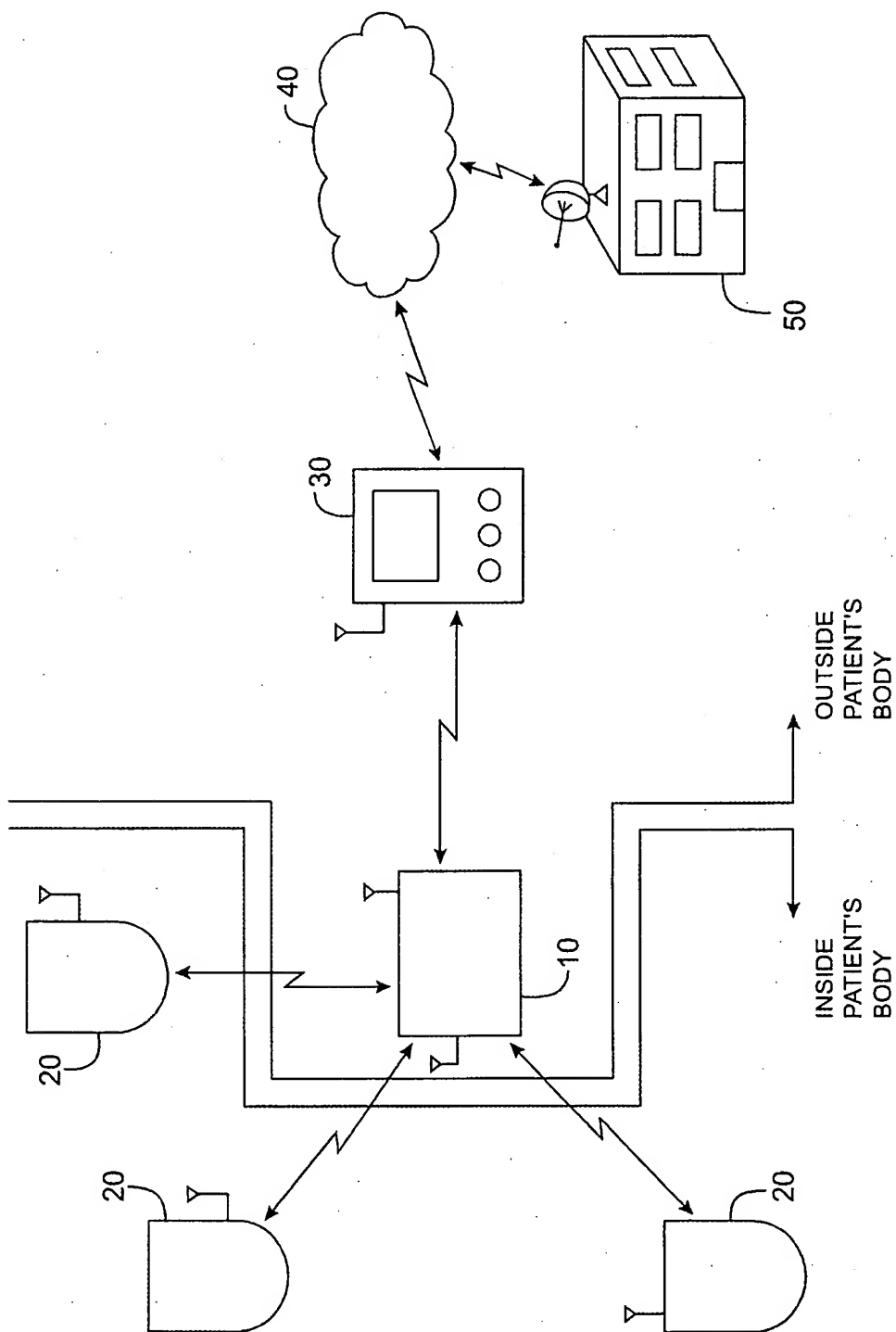


FIG. 2A

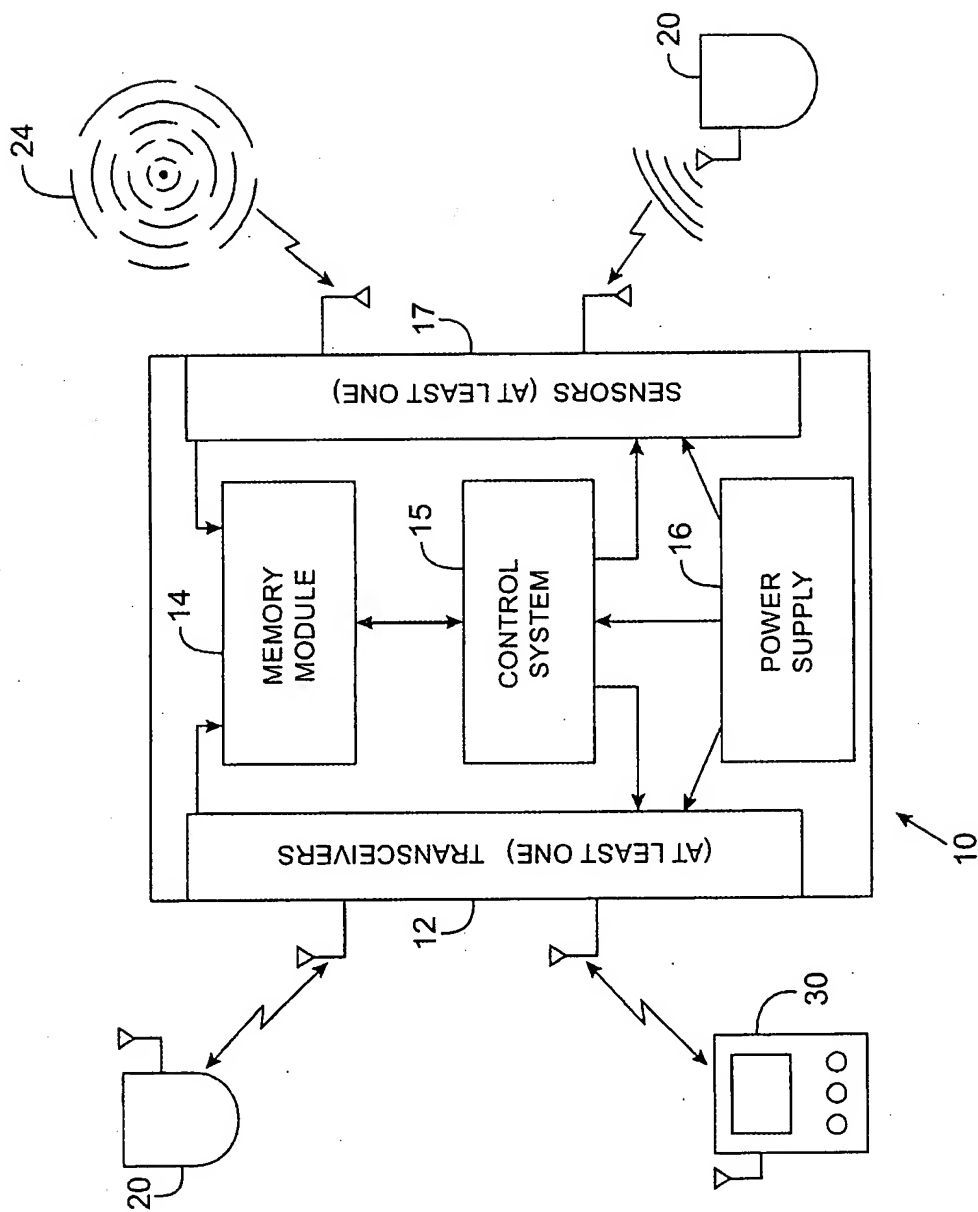


FIG. 3

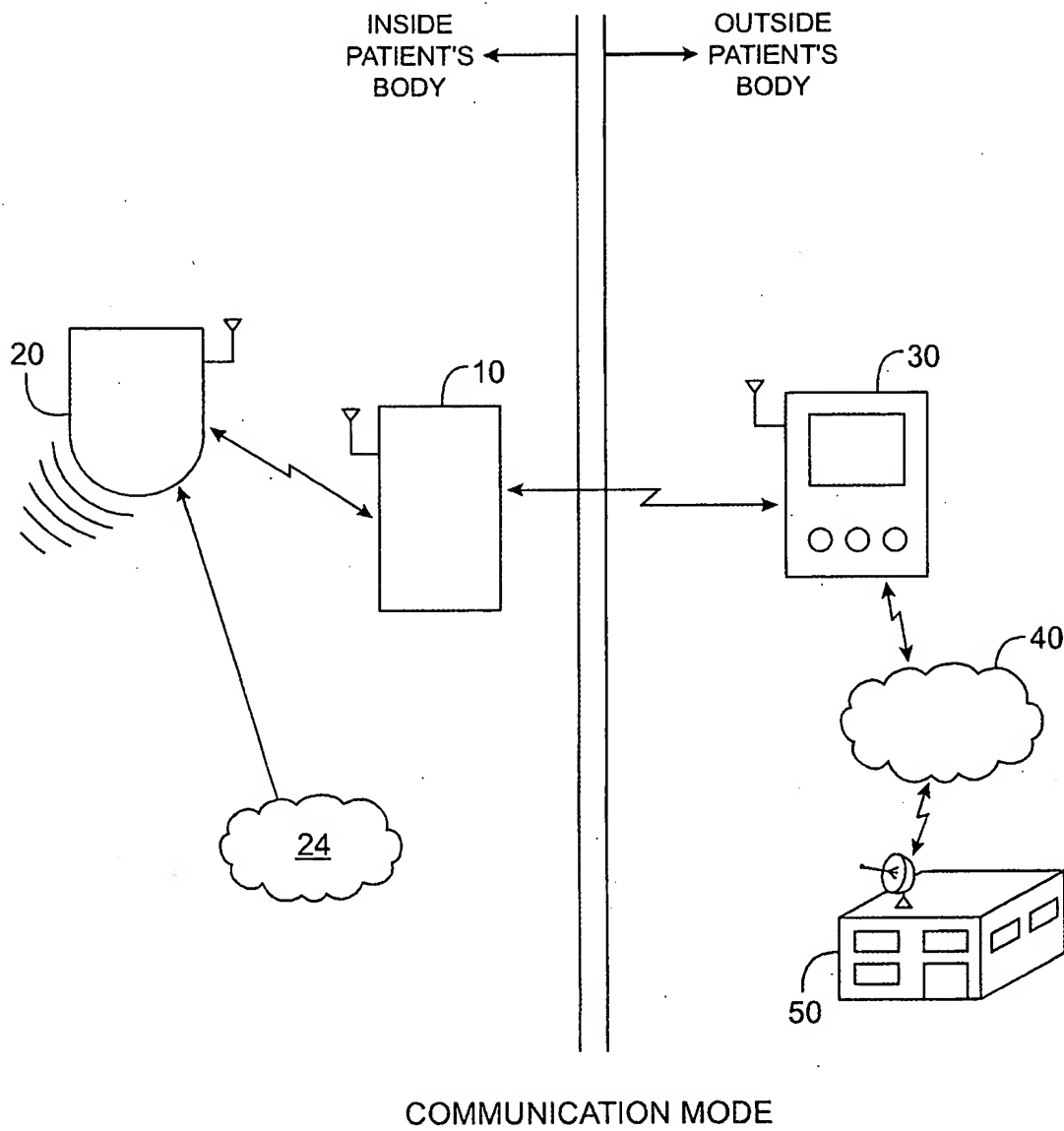


FIG. 4

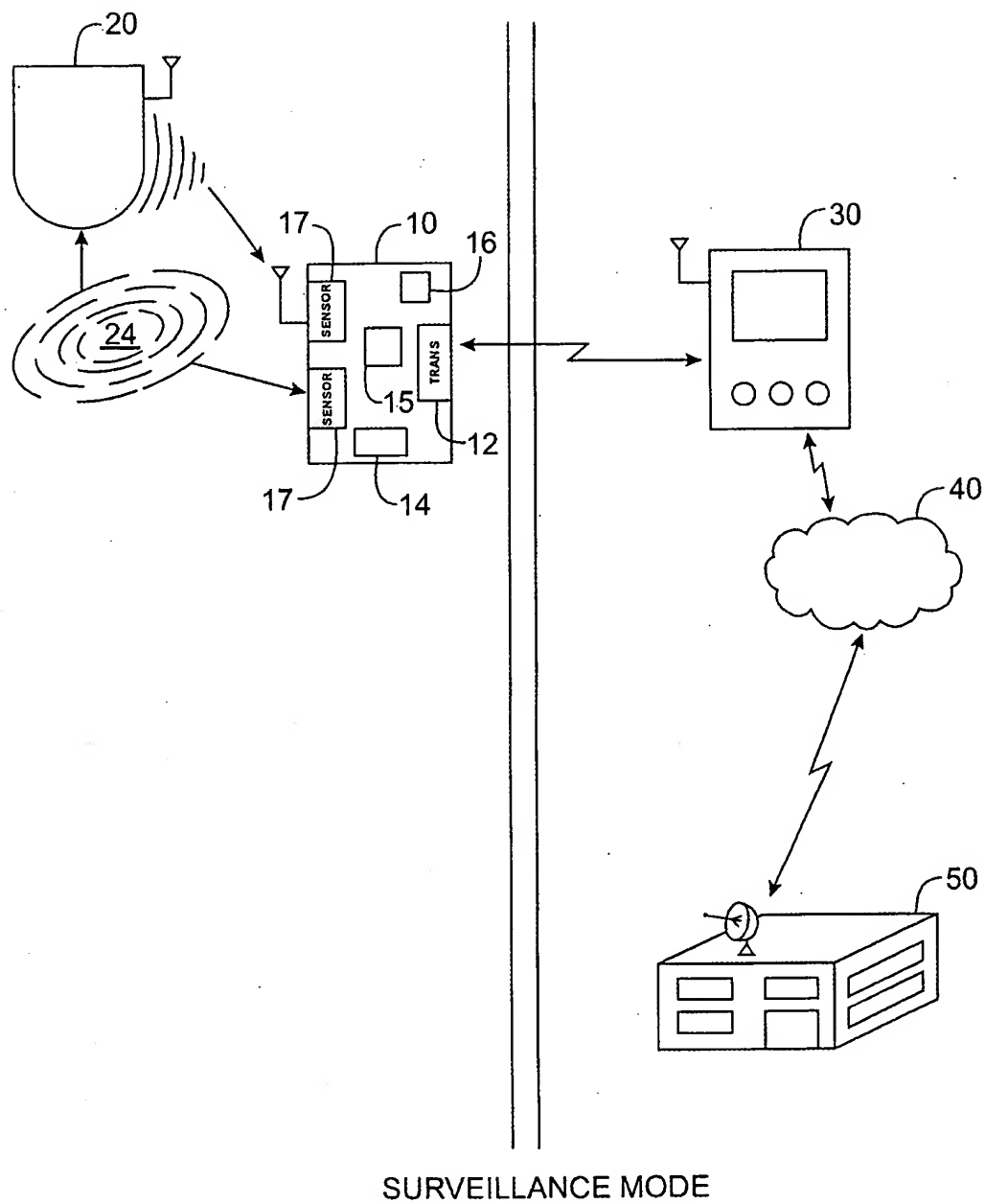
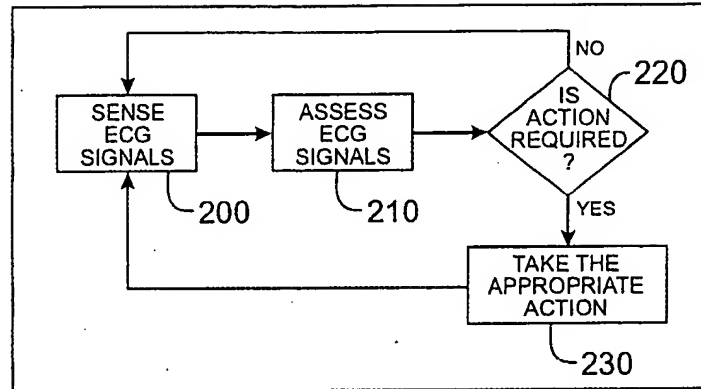
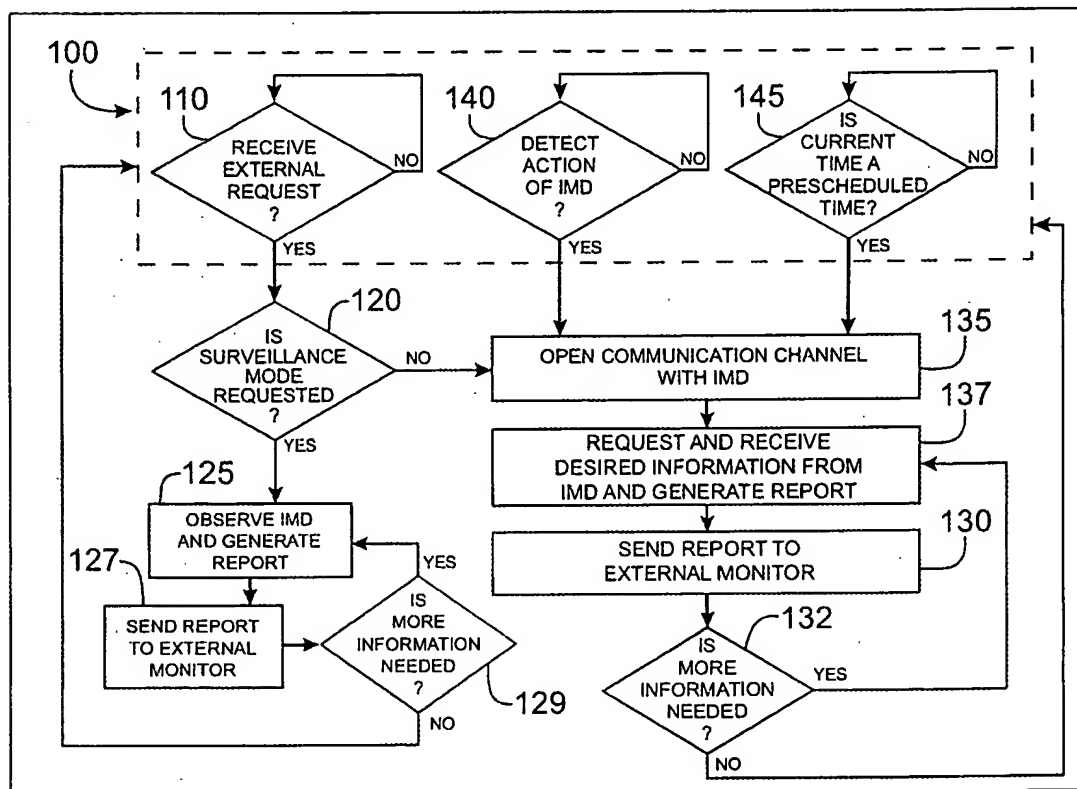


FIG. 5



IMPLANTED MEDICAL DEVICE (20)

FIG. 6



IMPLANTABLE TRANSCEIVER (10)

FIG. 6A

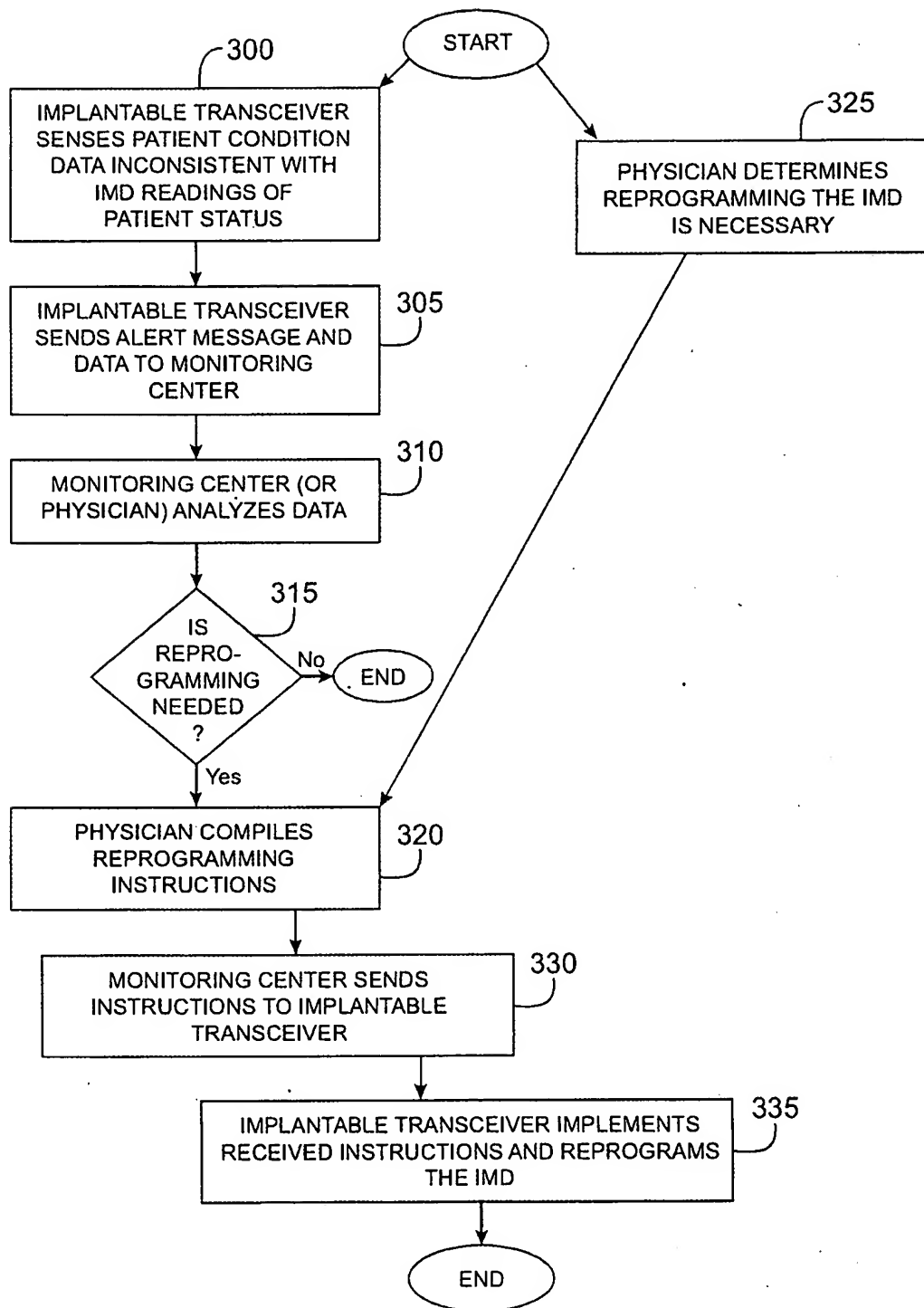


FIG. 7

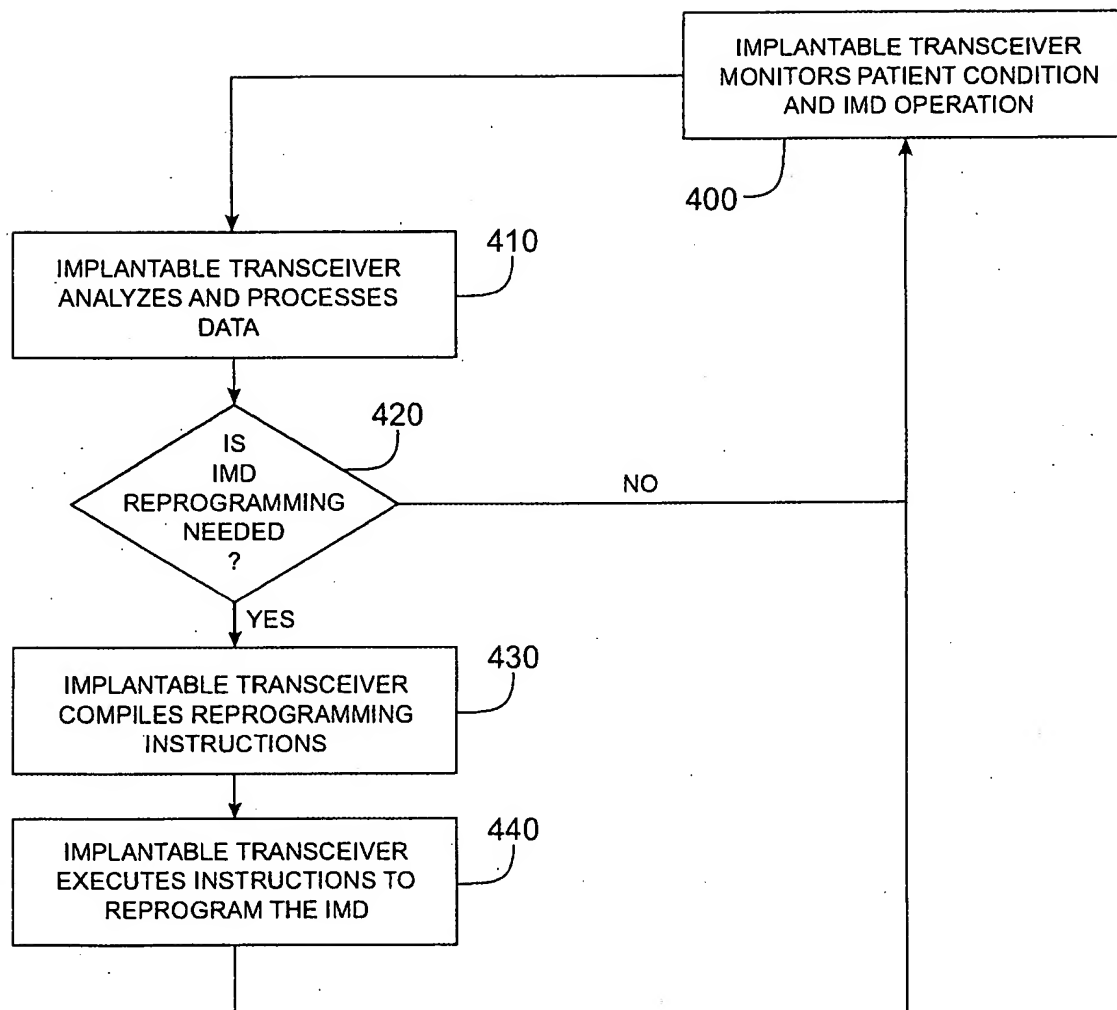


FIG. 7A

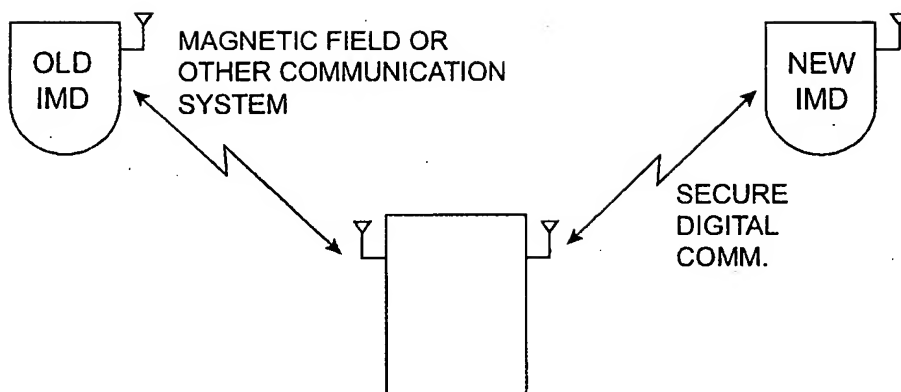


FIG. 8

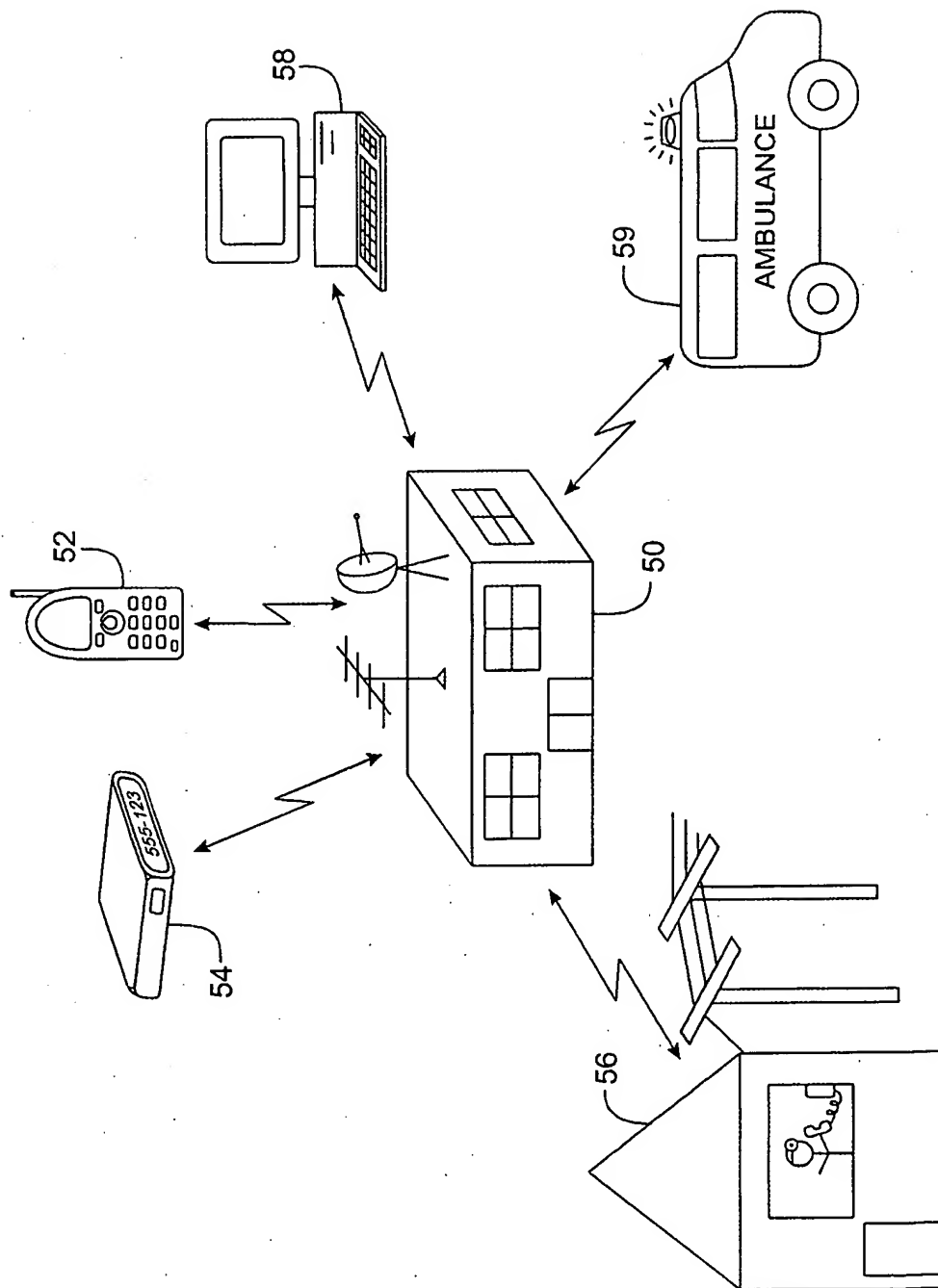


FIG. 9



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PATIENT NAME	FIRST CONTACT	SECOND CONTACT	THIRD CONTACT
Patient 1 / Condition 1	Nurse 1 (email) nurse1@email.com	Nurse 2 (email) nurse2@email.com	Doctor 1 (pager) 555-1234
Patient 2 / Condition 2	Doctor 1 (pager) 555-1234	Doctor 2 (cell phone) 555-4321	Nurse 1 (email) nurse1@email.com
Patient 3 / Condition 3	Doctor 1 (pager) 555-1234	Doctor 1 (email) doctor1@email.com	Doctor 1 (Home) 555-1111
Patient 4 / Condition 4	Doctor 1 (pager) 555-1234 (email) doctor1@email.com (cell phone) 555-1122 (home) 555-1111	Doctor 2 (pager) 555-4321 (email) doctor2@email.com (cell phone) 555-2211 (home) 555-2222	Nurse 1 (pager) 555-5678 (email) nurse1@email.com (cell phone) 555-8765 (home) 555-5656

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FIG. 10

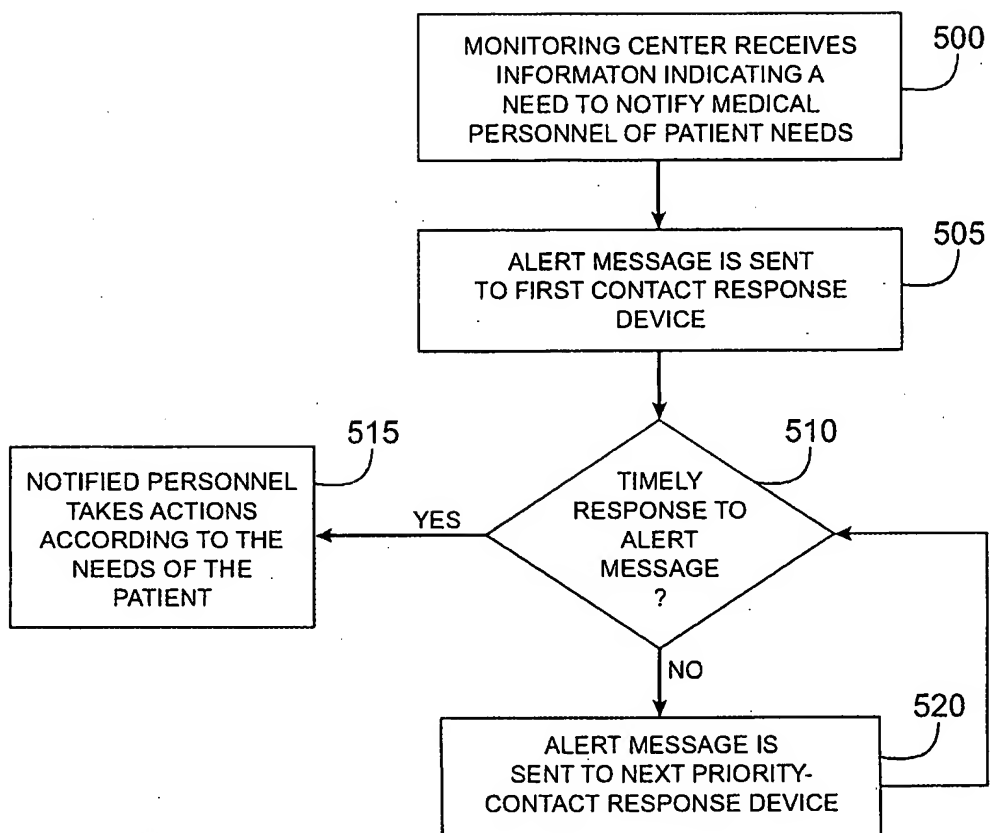


FIG. 11